Department of Health
Early Intervention Services

Performance Report

Performance Period January-March 2004

Introduction

This report presents information about the performance of operations and services of the Early Intervention Section (EIS) and Healthy Start from January through March 2004.

Data are presented in six performance areas:

- *Enrollment:* Data are provided on the number of children who were served, by island and statewide.
- *Service Gaps:* Data include the number of Part C eligible infants and toddlers who experienced service gaps, by island and statewide.
- *Personnel:* Information on personnel, by island and statewide, is collected to determine whether there are sufficient personnel to serve the eligible population. Personnel data for EIS are divided by roles: social work, direct service, and central administration. Caseload data include the number and percentage of social workers that have weighted caseloads of no more than 1:45. Personnel data for Healthy Start staff (central administration positions) are provided.
- *Training Opportunities:* Training data include the number of early intervention staff, families, and other community providers (including Department of Education preschool special education teachers, community preschool staff, etc.) who participated in training activities. Information includes trainings provided or supported by EIS and Healthy Start.
- *Quality Assurance:* Information on quality assurance activities for EIS and Healthy Start are provided.
- *Funding:* Data on appropriations, allocations, and expenditures are provided.

Strengths and challenges to the early intervention system for January to March 2004 are summarized.

Enrollment

Early Intervention Section

Monthly enrollment data for infants and toddlers served by EIS from January through March 2004 are:

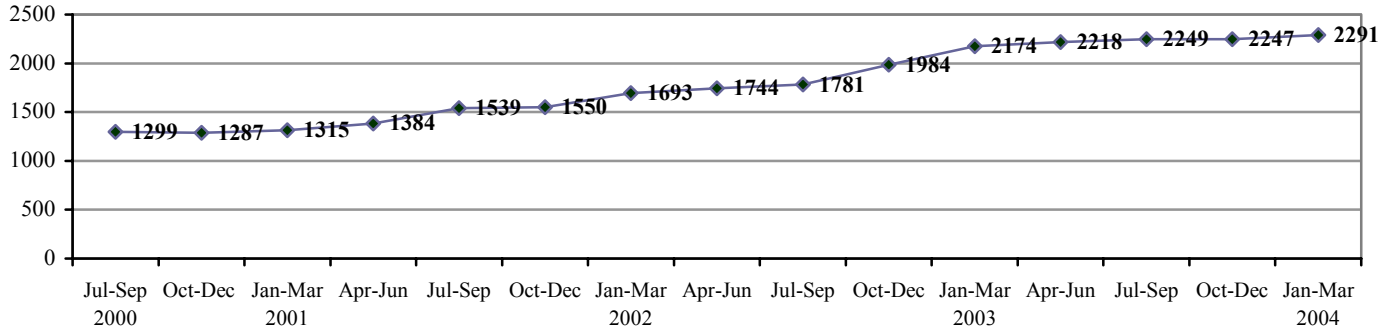
Table 1. EIS Monthly Enrollment Data

Month	Monthly Enrollment	Island					
		Oahu	Hawaii	Maui	Kauai	Molokai	Lanai
January 2004	2282	1583	246	296	121	31	5
February 2004	2281	1577	245	297	122	35	5
March 2004	2310	1593	250	297	130	35	5

Note: Enrollment information includes children provided care coordination by EIS (including Early Childhood Services Programs), Purchase of Service programs, and Public Health Nurses.

The quarterly enrollment (average monthly enrollment for the quarter) since July 2000 are shown in the following graph:

Graph 1. EIS Quarterly Enrollment from July 2000 to March 2004



Note: Only partial data from Public Health Nursing Branch (PHNB) is available for July 2000 - June 2001. From July 2001 more complete data were available from PHNB.

Enrollment data for the January-March 2004 quarter averaged 2291 children, an increase from previous quarters.

Child find activities continue and, based on the increase in the number of infants and toddlers identified with developmental delays, are successful in informing new providers, pediatricians, and families about Hawaii's early intervention system and how to make a referral to the system. EIS participated in a variety of public awareness activities this quarter to inform the public about early intervention. EIS was represented at the Keiki Resources Fair, Champions for Children's Legislative Breakfast, and the Cure Autism Now Walk. There was also a presentation at the Pac Rim Conference on "Assistive Technology for Infants and Toddlers with Special Needs." In addition to child find activities, trainings to community preschool teachers and day care providers (discussed in the section on Training) also expand the knowledge of early intervention in the community.

Early intervention brochures were again given to "Read To Me International Foundation," a private, non-profit agency headquartered in Honolulu, for inclusion in hospital birth packets. The Foundation, created in 1997, was a result of a partnership between the Governor's Council for Literacy and Lifelong Learning and the Rotary Club of Honolulu Sunrise. Because of the Foundation's focus on developing literacy, EIS contacted them to include information on early intervention in their packets. EIS again provided the Foundation with 3000 brochures to disseminate during this quarter.

Healthy Start

Enrollment increased during January to March 2004 due, in part, to the implementation of a continuous quality improvement plan for the Early Identification (EID) component of Healthy Start. This effort was particularly beneficial for the EID Purchase of Service Provider (POSP) on Oahu which increased both new and active enrollment. Throughout this quarter, recurring issues from previous quarters were resolved, resulting in continued stabilization. The Maui home visiting contract was awarded to Maui Family Support Service.

Birth rates for Hawaii are as follows:

January 2004	1232 births
February	1239 births
March	1158 births

Monthly new enrollment data for infants and toddlers served by Healthy Start for January to March 2004 are shown in Table 2. In total, 585 infants and toddlers were newly enrolled during this quarter, a 12% increase from the previous quarter.

Table 2. Healthy Start New Enrollment Data

Month	New Enrollment*	Island					
		Oahu	East Hawaii	West Hawaii	Maui/Lanai	Kauai	Molokai
January	157	112	8	8	20	5	4
February	212	172	9	9	16	6	0
March	216	165	17	10	18	6	0

* Does not include prenatal enrollments.

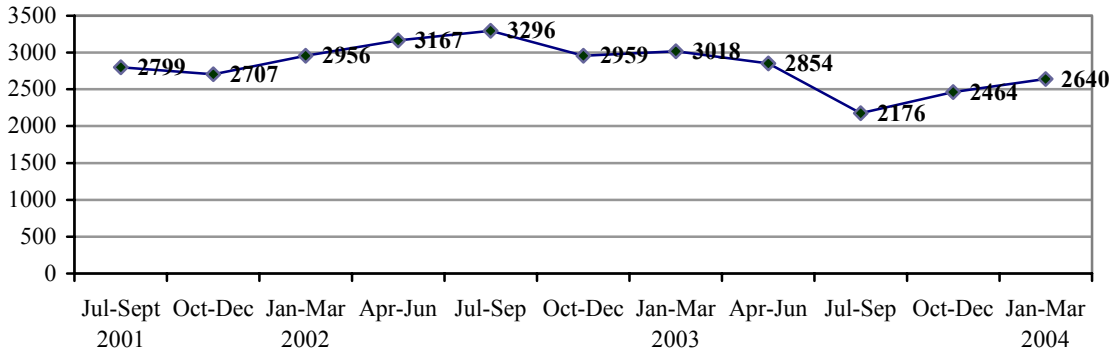
Monthly active enrollment numbers also increased from January to March 2004 as shown in the following table:

Table 3. Healthy Start Active Enrollment Data

Month	Active Enrollment	Island					
		Oahu	East Hawaii	West Hawaii	Maui/Lanai	Kauai	Molokai
January	2569	1678	318	211	178	113	71
February	2648	1760	316	212	178	111	71
March	2703	1843	304	209	171	108	68

The average quarterly enrollments for January to March 2004 are shown below:

Graph 2. Healthy Start Average Quarterly Enrollment from July 2001 to March 2004.



The average quarterly enrollment for January to March 2004 increased approximately 10% from second quarter (Oct-Dec 2003) and 20% from the first quarter (Jul-Sep 2003). The Quality Assurance Specialist will continue to work with programs to improve acceptance rates, staff retention, and program performance.

Service Gaps

The tables below provide information on service gaps for EIS, PHN, and Healthy Start for January-March 2004. Service gaps are divided into two types: full service gaps (Table 4) where no services were provided to the child, and partial service gaps (Table 5) where alternative services were provided. For children receiving multiple services, when a specific therapist is not available, there is generally a partial service gap, since another therapist, using a transdisciplinary format, will provide services. If the child requires only 1 service (e.g., speech therapy) and a therapist is unavailable to provide direct services, there will be a full service gap. When this occurs, the care coordinator typically will provide information on activities that the family can use with their child to support his/her development until a provider is available.

Table 4. Full Service Gaps by Month

Service Gap	January	February	March
Occupational Therapy			
Physical Therapy			
Psychological Services			
Special Instruction			
Speech Therapy	15 (Oahu)	20 (Oahu)	14 (Oahu)
Individual Behavioral Support Services			
Home Visiting			
Speech Evaluation		1 (Oahu)	2 (Oahu)
Full Gap Total	**15**	**21**	**16**

Full service gaps increased for the January-March quarter (52 full gaps, 37 children), compared with the previous quarter (3 full gaps, 2 children). All children with full gaps received care coordination from the EIS Care Coordination Unit. The gaps increased

because several fee-for-service speech pathologists resigned from their positions, leaving the contracted agencies with an insufficient pool of speech pathologists. In addition, the early intervention public and private programs were filled and could not serve any more children. In all cases, the care coordinators had their children listed with several agencies in order to access the first available provider. Families requesting home-based services were encouraged to access services at the providers' locations until home-based services were available. In some cases it has taken several months to identify a provider who can meet the service needs of the children.

Table 5. Partial Service Gaps by Month

Service Gap	January	February	March
Occupational Therapy	1 (Oahu)	2 (Oahu)	1 (Oahu)
Physical Therapy	10 (Oahu) 1 (HI)	7 (Oahu)	2 (Oahu)
Psychological Services			
Special Instruction			1 (Oahu)
Speech Therapy	18 (Oahu)	21 (Oahu)	9 (Oahu)
Individual Behavioral Support Services			
Home Visiting			
Evaluation			
Partial Gap Total	**30**	**30**	**13**

There was a total of 73 partial gaps during the January – March 2004 quarter which impacted 36 children from Oahu and 1 from Hawaii. This was an increase in partial gaps on Oahu (from 56 in the October-December quarter to 72 in the January-March quarter), a decrease in Hawaii (from 20 to 1), and no gaps for the island of Kauai. The majority of the gaps were due to vacant positions (e.g., Speech Pathologist in Honolulu and the PT in Wahiawa) and the inability to identify sufficient fee-for-service providers to fill the needs. On Oahu, the PT position at the Wahiawa ECSP has been vacant for over a year, and although the position is currently exempt, there still has been no interest by community PTs in filling the position. The ECSU Supervisor will work with DOH Personnel to advertise this position at a salary sufficient to attract qualified applicants. Speech therapy continues to be an area of concern with the continued increase in the number of children in need of speech pathology services.

EIS has recently released a Request for Proposal (RFP) to identify additional fee-for-service providers. Based upon the number of phone calls requesting information about the RFP, it is expected that new providers will respond to this RFP and expand the current pool of providers available to meet the needs of children with developmental delays.

EIS and early intervention programs continue to review different service delivery models, including the use of transdisciplinary services, with consultation by other therapists, to meet the outcomes listed on the Individualized Family Support Plans (IFSP). While the majority of children enrolled in early intervention programs receive transdisciplinary services, this service option is not appropriate for some children. Service delivery decisions are based on the individual needs of each child and must be made at the IFSP meetings by the entire team. Additional training in the transdisciplinary service delivery method continues to be provided to ensure that recommended IFSP services are appropriate.

All children served at early intervention programs (as compared to one fee-for-service provider) who had a partial service gap received other services, generally through a transdisciplinary model of service delivery, to support the overall needs of the child and family.

Personnel

Goal: 90% of EIS social work positions are filled.

EIS has a total of 48 social work positions statewide. Forty-four (44) positions provide care coordination services. The remaining 4 positions provide administrative functions and are included in the data on administrative positions. At the end of March 2004, 36 of the 44 state social work positions that provide care coordination services, or 82%, were filled. A request to DOH Personnel was submitted mid-December 2003 to reallocate four established SW III positions at the DOH Early Childhood Services Programs (ECSPs) to SW IV positions because of the number of children entering the programs with complex developmental issues. The reallocation was approved in April 2004. Hopefully this will impact recruitment and retention issues. Recruitment for the two vacant positions on the island of Maui has resulted in recommendations for both, one as a temporary position and the other as an exempt position. Start dates are in May. Recruitment for the remaining vacant social work positions has been halted until mid-May due to recommended changes by the Department of Human Resources Development (DHRD) to remove the Social Work series and replace it by Human Service Professionals.

The following table provides information on the 44 social work positions that provide care coordination services, by island and statewide as of March 2004.

Table 6. Percentage EIS Social Work (SW) Positions Providing Care Coordination and Filled, by Island, as of March 2004.

Island	SW Positions Total #	SW Positions Filled #	SW Positions Filled %
Oahu	29	24	83%
Hawaii	7	6	86%
Maui	5	3	60%
Kauai	3	3	100%
Total	**44**	**36**	**82%**

Not included in the above table are the following positions that provide care coordination and are funded through the purchase-of-service (POS) contracts: 1) 0.5 FTE care coordinator position for Molokai's Ikaika program; 2) 0.5 FTE social work position for Salvation Army; 3) 1.0 FTE social worker for Imua on Maui; and, 4) 1.0 FTE social work position for the newly funded Kapolei POS program on Oahu. Funds were included in the Ikaika (Molokai), Salvation Army and Kapolei programs as there are no designated DOH social work positions assigned to these programs. Funds were added to the Imua contract to support the increased number of children served. These four positions are currently filled.

Goal: 90% of EIS direct service positions are filled.

The EIS has 45 direct service positions statewide (41 positions at 1.0 FTE and 4 positions at 0.5 FTE). These positions include early intervention therapists (speech-language pathologists, occupational therapists and physical therapists), psychologists, special education teachers, vision and hearing specialists, a nutritionist, and paraprofessionals. Not included are the Early Childhood Services Unit supervisor and program managers, as they spend the majority of their time providing administrative supervision and support to program staff. They are included in the count of administrative positions in Table 8. At the end of March 2004, 40 of the 45 direct service positions, or 89%, were filled.

The following table provides information on the direct service positions statewide and by island:

Table 7. EIS Direct Service Positions by Island, as of March 2004.

Island	Direct Service Positions – Total #	Direct Service Positions – Filled #	Direct Service Positions – Filled %	Vacant Positions
Oahu	38	34	89%	*PT III – 1, PMA-II – 1, SLPIV – 2 (1 @ 0.5 FTE)*
Hawaii	7	6	86%	*SLP III - 1 (@ 0.5 FTE)*
Total	**45**	**39**	**89%**	

Note: PT = physical therapist; SLP = speech-language pathologist; PMA = paramedical assistant

In addition to EIS direct service staff, EIS has over fifty contracts with fee-for-service providers who support the direct service staff. These contracted providers serve eligible infants and toddlers when there are staff vacancies and/or increases in referrals that cannot be met by either the ECSP or POS staff. They also help support the ECSPs when the service needs of the enrolled children exceed the capacity of the staff. EIS continues to work with community providers to identify additional fee-for-service contractors to meet the needs of children and families. However, as noted in the section on service gaps, some fee-for-service providers have resigned which has resulted in new and additional service gaps. Also as noted above, the RFP that was disseminated to the community is expected to fill the current gap.

A new Request for Proposal (RFP) process was initiated to expand the early intervention POS providers by 3 additional contracts, for Waipahu, parts of Central Oahu, and parts of Windward Oahu. It is expected that the new EI programs will start in July 2004 and both provide care coordination and direct services to all children in their geographical area, regardless of the number or severity of the delay(s). As a result, caseloads of children currently receiving care coordination by the EIS CC Unit will decrease, and children receiving services from fee-for-service providers will also decrease. EIS is continuing to study the efficacy of locating State social work positions in private POS programs, as compared to funding POS programs to hire their own social workers. This is especially relevant with the planning efforts to expand the early intervention system.

With the new billing system instituted in July 2003 in which POS programs are reimbursed on an hourly basis based on the provider (e.g., SLP, PT, OT, etc.), data are being collected that more thoroughly describe the service needs of the children and families served by POS programs as well as the cost of services. Combining the POS costs with the cost data of the fee-for-service providers has allowed for more accurate

projections of the service needs for infants and toddlers with developmental delays and their families throughout Hawaii. Beginning in the next fiscal year, this data on the number of hours by service provider will also be collected from the state ECSPs to ensure that they are also working to capacity.

Goal: 90% of EIS and Healthy Start central administration positions are filled.

Early Intervention Section

The EIS has 53 administrative positions statewide. These positions include unit supervisors and specialists in the areas of contracts, internal service testing, public awareness and training, computer support staff, accounting staff, and clerical and billing staff. Also included in the count of administrative positions are the Social Worker V who supervises the Family Centered Services Unit social workers, the two Social Worker II positions who are responsible for H-KISS, the Social Worker IV on the island of Hawaii who supervises the seven Hawaii social workers, the unit supervisor and managers of the ECSPs, and the five Child & Youth Specialist IV positions who support quality assurance activities statewide. At the end of March 2004, 51 of the 53 administrative positions, or 96%, were filled, surpassing the goal of 90%.

In addition, by the end of March 2004, all 5 Quality Assurance (QA) positions were filled.

The following table provides information on the administrative positions statewide and by island:

Table 8. EIS Administrative Positions by Island, as of March 2004.

Island	Administrative Positions – Total #	Administrative Positions – Filled #	Administrative Positions – Filled %	Vacant Positions
Oahu	47	45	96%	C&Y IV, SSA V
Hawaii	5	5	100%	
Maui	1	1	100%	
Total	**53**	**51**	**96%**	

Note: C&Y = Child & Youth Specialist, SSA = Social Service Assistant

Upon completion and approval of the required EIS reorganization concept paper, recruitment for the following newly approved positions will begin: a Public Health Administrative Officer (PHAO) to support budgetary and contractual responsibilities; 2 clerical staff to support the increased number of administrative positions; 4 billing clerks to support the Early Intervention Carveout requirements; and a coordinator and clerk-typist for the Newborn Hearing Screening Program (NHSP). The responsibilities of the new staff are currently being handled with the support of the FHSD PHAOs, approved overtime compensation for some EIS staff, and the use of IDEA Part C funds to support the salary of the Newborn Hearing Screening Program Coordinator and Specialist for Hearing Impaired.

Healthy Start

Healthy Start has 9 administrative positions on Oahu. These positions include a program supervisor, registered professional nurse, research statistician, and other specialists in the areas of quality assurance, data management, and contract management. There is also support staff in clerical, billing, and statistics. At the end of March 2004, two positions (research statistician and statistics clerk) remained vacant. This results in 78% of the Healthy Start administrative positions being filled. Internal applicants for the research statistician have been interviewed. The statistics clerk position is awaiting approval to fill. In the interim, a temporary hire is working part-time.

Goal: 90% of EIS caseloads will be no more than 1:45 weighted caseloads.

The "weight" of a caseload is determined by the number of hours needed per month per family for care coordination and social work services. A child who is "monitored" receives a weight of 0.25, a child who requires 3-5 hours/month is considered "moderate" and has a weight of 1, and a child who requires 6 or more hours/month of care coordination and social work services is considered "intense" and has a weight of 3. In addition, a weight of 1 is also given to the social worker "liaison" for any child served by an early intervention program whose care coordinator is from another agency (e.g., PHN, Healthy Start). This added weight is intended to ensure that the program social worker has the time to collaborate with the care coordinator to ensure that timelines are met, collaborative meetings are held, etc.

EIS intends to review the weighted caseload formula developed in 1999 to assess its relevancy to the current caseload profile.

Table 9 provides information on the percentage of social workers, by island, that have a weighted caseload of no more than 1:45. Data are provided on the 40 filled positions, which include the 36 filled DOH EIS social worker positions from Table 6 and the additional 4 POS positions funded via the POS contracts on Maui (Imua), Molokai (Ikaika), and Oahu (Salvation Army and Kapolei). Of the 40 positions, only 16, or 40%, had weighted caseloads not more than 1:45, a decrease from the December data of 26, or 59% with a weighted caseload of no more than 1:45.

Table 9. Social Work Positions (DOH and POS) with Weighted Caseloads Not More than 45, by Island, as of March 2004.

Island	# Social Workers Providing Care Coordination as of March 2004	Number with Weighted Caseload No More than 45	Percent with Weighted Caseload No More than 45
Oahu	26	9	35%
Hawaii	6	6	100%
Maui & Lanai	4	0	0%
Kauai	3	1	33%
Molokai	1	0	0%
Total	**40**	**16**	**40%**

The low percentage with the appropriate caseload is due to various factors, including 5 vacant positions on Oahu (5.25 FTE, as 1 position is filled at only .7 FTE), 2 vacant positions on Maui (1.25 FTE), and 1 vacant position on Hawaii (1.0 FTE).

To manage the decrease in filled social work positions and the related increase in care coordination ratios, EIS social workers are handling as much as possible over the phone instead of face-to-face meetings.

Table 10 shows the projected caseloads if all the care coordinator positions are filled and providing care coordination.

Table 10. Projected Average Caseloads When All the Social Work Positions (DOH and POS) are Filled

Island	# Social Worker Positions for Care Coordination	%FTE Social Worker Positions for Care Coordination	Total Weighted Caseload as of March 2004	Average Weighted Caseload (Projected)
Oahu	31	28.25	1518	53.75
Hawaii	7*	7.00	260.25	37
Maui & Lanai	6	5.25	249.5	47.5
Kauai	3	3.00	138	46
Molokai	1	.50	44.25	88.5
Total	**48**	**44**	**2210**	**50.2**

* There are 3 programs in different geographical areas of Hawaii: Hilo, Kona, and North Hawaii.

Care coordination ratios increased on all islands as compared with December 2003 data. The increase was expected because of the increase in children served this quarter and is consistent with the increase. Based on this table, all islands except Hawaii would have a ratio of over 1:45 even if all positions were filled.

The major concern continues to be the island of Oahu. The current ratio is 1:66; however even if all positions were filled, the weighted ratio for EIS would be almost 1:54. Plans are underway to alleviate this problem. As noted earlier, a contract modification is being developed to provide funds for an additional social worker at Kapolei. Social work/care coordination positions will also be included in the 3 new POS early intervention programs. With the current weighted caseload of 1518, these four new positions would reduce the average to close to 1:45.

Because of the complexity of the families served in Molokai, the majority of the children and families served are considered "intense", which increases the time needed to work with the family and their "weight". Should this trend continue, EIS may need to increase the contract to fund a 1.0 FTE position instead of a 0.5 FTE position.

Public health nurses (PHNs) also provide care coordination to infants and toddlers with special needs, specifically those with medical concerns. The December 2003 child count showed that the PHNs provided care coordination to 528 infants and toddlers with special needs. The numbers of infants and toddlers requiring care coordination from PHNB has increased over the past four years (based upon December 1 child counts for 2000-2003) from 494 to 528, an increase of 7%. In addition to the increase in number and percentage, there has also been an increase in the complexity of medical needs of the children, which results in more time needed for PHN care coordination. Regular

meetings with PHNB are scheduled to review the care coordination needs of infants and toddlers with medical concerns. The study to review the care coordination ratio of EIS will also include recommendations for a public health nurse ratio.

Training Opportunities

Early Intervention Section

Training provided and/or supported by EIS for January – March 2004 impacted 621 early interventionists, public health nurses, and community preschool staff. This is a duplicative number as some staff attended the complete (3 day) early intervention orientation.

Training to all early intervention providers on Individuals with Disabilities Education Act (IDEA) Part C requirements continues. The training content includes IFSP issues, timeline requirements, service delivery options, natural environments, teaming, and transition. The formal orientation is a 3-day process to thoroughly cover the above topical areas. To date, all EIS and PHNB public and private staff have completed the 3day training. Four of the 14 Healthy Start programs have completed the training, with the remaining staff to be trained by September. After September, a training schedule will be developed to ensure that newly hired staff is trained. The following is a list of training topics and number of attendees during this quarter:

- **Early Intervention Awareness.** Twenty (20) nutritionists from Women, Infants, and Children (WIC) were provided training on early intervention and their role in referring children for services.

- **Early Intervention Orientation, Day 1: Part C and Hawaii's Requirements.** Day 1 of the 3-day training focuses on IDEA Part C, Hawaii's implementation of IDEA, the family-centered philosophy, and communication skills with families. One hundred thirty-four (134) individuals received this training. They included EIS providers (EIS, Windward ECSP, Imua Family Services, Kapiolani Medical Center's Early Intervention Program, Kapolei Easter Seals, and Sultan Easter Seals) and Healthy Start providers (PACT Hana Like and West Honolulu, Family Support Services of West Hawaii, and representatives from MCHB, Maui, Kauai, and Molokai programs).

- **Early Intervention Orientation, Day 2: IFSP and Care Coordination.** Day 2 of the 3-day training includes IFSP development, care coordination and information on natural environments. Twelve individuals from Windward ECSP, Kapiolani Medical Center's Early Intervention Program, Kapolei Easter Seals, Sultan Easter Seals, and Home Reach were trained. In addition, 65 Healthy Start providers from PACT Hana Like and West Honolulu, Family Support Services of West Hawaii, and representatives from MCHB, Maui, Kauai, and Molokai programs received training.

- **Early Intervention Orientation, Day 3: Transition.** Day 3 of the 3-day training includes information on transdisciplinary service provision, teaming, and transition. Seventeen (17) staff from Ikaika, Imua Family Services, Kapiolani

Medical Center's Early Intervention Program, Kapolei Easter Seals, Sultan Easter Seals, and EIS attended. In addition, 66 Healthy Start providers from PACT Hana Like and West Honolulu, Family Support Services of West Hawaii, and representatives from MCHB, Maui, Kauai, and Molokai programs received training.

- **Supporting Children with Challenging Behaviors.** The Keiki Care Project Coordinator provided 9 trainings on practical approaches to supporting children with challenging behaviors that impacted 115 preschool teachers. Preschools represented included: Ohana Keiki Preschool, St. Georges Preschool, Kamaaina Kids, Kailua Methodist Preschool and E Malama I Na Keiki Preschool (Lanai). In addition, staff from the following military Child Development Centers (CDC), Rainbow Hale CDC, Barber's Point CDC and Pearl Harbor Naval Station CDC attended. The Coordinator was also asked to participate in the Maui Early Childhood Conference, which impacted 45 attendees.

- **Inclusion.** The Inclusion Project Coordinator collaborated with PATCH to train on inclusion and the Americans with Disability Act. Four preschool teachers received this training. In addition, the Keiki Care Coordinator trained 17 preschool teachers in "Including Children with Special Needs."

- **"Involving Fathers and Men in the Lives of Young Children with Special Needs".** This presentation impacted 32 Oahu CCs, social workers, and staff. The Keiki Care Project planned, coordinated, and participated on two panels at the Early Childhood Conference with the focus on "Beyond Daddy Daycare: Recruiting, Retaining, and Supporting Men in Early Childhood Education". Seventy-five individuals attended.

- **Assistive Technology.** Staff from the EIS Keiki Tech Project provided training on how to support infants and toddlers with special needs through the use of assistive technology to 65 individuals, EI program managers, EIS care coordinators, Easter Seals-Kapolei and DOE special education preschool teachers and speech pathologists from Maui District.

- **Other Trainings.** EIS supported EIS staff to attend the following conferences: 2 attended the National Early Hearing Detection and Intervention meeting; 10 participated in an "EIS Leadership Workshop;" the Vision Specialist went to a workshop on working with children with "low vision," one psychologist went to a workshop on autism and another on sensory issues, the Personnel Development Specialist went to a national conference on personnel issues in early intervention, and 3 staff attended a workshop on early childhood issues. In addition, 14 speech-language pathologists from early intervention programs across the state attended a workshop on "It Takes Two to Talk."

Healthy Start

As described earlier, EIS IDEA Part C orientation training for Healthy Start staff and POSP commenced in January and is continuing according to EIS timeframes and compliance activities. Healthy Start, along with its training contractor, placed its highest priority on this training and has been working closely with EIS to provide the training to

all Healthy Start staff in a timely manner and to develop materials specific to Healthy Start's home visiting program.

The second priority continued to be on training for new early identification and home visiting staff in the on-going effort to support full service implementation. The training POSP provided the following training:

- **Intensive Role Specific Training for Family Assessment Workers.** Each weeklong training covers the core tasks and responsibilities of the family assessment worker positions, according to Healthy Families America (HFA) standards, with the fifth day exclusively for the Clinical Supervisors. Two trainings were held, one in January and another in March.

- **Additional Training for Healthy Start staff.** These trainings are co-facilitated with experts from the community and are focused on increased knowledge as well as improved skill attainment. This is additional training required within six months of hire and after the Intensive Role Specific training to more completely prepare staff to work with at-risk families in all areas of the program. Topics covered during this quarter included: Maternal and Child Health and Child Development. As the new training POSP, People Attentive to Children (PATCH) has enriched the child development area by utilizing the Program for Infant/Toddler Caregivers (PITC), a comprehensive curriculum and training system for providers working with children under three years of age. PITC addresses both the need for a coherent curriculum that also builds on the child's innate motivation to learn. These trainings began in January and concluded in March.

- **On-going Training.** This is essential, program specific training required within twelve months of hire and each subsequent year of hire for all Healthy Start staff, including program directors, provided by community and content experts. The focus is on latest research and best practice. Topics covered during this quarter included: Child Abuse and Neglect. This training was interspersed with the additional training schedule described above.

- **Intensive Role Specific Training for the Child Development Specialist (CDS) position.** All CDS attended this one-day seminar to review the model, documentation and reporting requirements, and tools. CDS Supervisors were also strongly urged to attend. Staff had ample time to ask questions and to share implementation strategies.

The Healthy Start administrative staff provided the following training:

Intensive Role Specific Training for the Clinical Specialist (CSp) position. All CSp attended this one-day seminar to review the model, documentation and reporting requirements, and tools. CSp Supervisors were also strongly urged to attend. Several program directors also attended. Staff had ample time to ask questions and to share implementation strategies.

Quality Assurance

Early Intervention Section

The EIS approach to quality assurance is that, through a variety of specific activities, the State is assured that 1) all children under the age of 3 with developmental delays and their families are provided, through a family-centered, community-based, coordinated process, the necessary early intervention services to meet their needs; and 2) all services are provided in conformance with federal IDEA Part C and state requirements.

Quality assurance activities include an internal Program Improvement Process (PIP), on-site programmatic monitoring, and internal reviews. Following is summary information on each area:

1. **Internal Program Improvement Process.** Based on a thorough review of program activities and feedback from staff and the community, each public and private early intervention program develops an internal program quality assurance process to support program improvement. The process consists of disseminating and reviewing survey results of families and service providers and completing a program self-assessment. The result is the development of an Improvement Plan.

2. **On-Site Monitoring.** EIS has monitored all early intervention programs (both DOH and POS programs) statewide. Monitoring focused on program and contractual requirements and IDEA Part C requirements (e.g., timelines, complete IFSPs). The monitoring report provides information to the agency on areas of IDEA Part C compliance and non-compliance that must be corrected within a year, as well as suggestions for improvement. As a result of the monitoring report, each program must develop an Improvement Plan to address areas of concern.

   Areas of strength identified through the monitoring process in most programs included:
   - adequate program policies and procedures
   - a focus on increasing the number of children served in natural environments
   - meeting evaluation and Initial/Review IFSP timelines
   - providing comprehensive developmental evaluations (for children served through ECSP & POS programs)
   - appropriate chart documentation
   - informing families of their rights through the dissemination and explanation of the "Dear Family" brochure.

   Areas that need improvement included:
   - having complete IFSPs
   - providing comprehensive developmental evaluations (for children provided care coordination from the EIS Care Coordination Unit)
   - meeting transition requirements
   - understanding what should occur when a child transfers between early intervention programs

- having sufficient and stable (minimal turnover) staff. It was found that stability of both service providers and the Program Manager position is vital to a well-functioning program.

During this quarter four additional monitoring reports were finalized and sent to programs. Two programs have submitted Improvement Plans based on the monitoring results; one has completed its first quarterly report and has submitted it for review. The remaining reports are being completed and will be sent to programs as a basis of their Improvement Plans. Once an Improvement Plan is approved, each program has one year to complete the improvement outcomes identified in the plan. EIS staff is available to provide training and support to the public and private early intervention programs to reach their goals.

EIS is also in the process of developing a four-year cycle for future monitoring. Included in the cycle will be: on-site monitoring, focused monitoring, program self-assessment and child/family outcomes. Each cycle will also include a family feedback process, which may consist of surveys, focus groups, interviews, etc.

3. **Internal Reviews.** Internal Reviews (which utilize the Felix Service Testing protocol) provide the opportunity for an objective observation of a child's progress and to what extent the system supports the child and family.

   EIS will continue to fully participate in the internal review process and will include an early intervention child in all complex reviews. The only reason for participation not to occur is if there are no Part C eligible children in a specific complex, or if the families of children in the complex do not consent to be reviewed. Internal reviews for the 2003-2004 school year were completed. A summary report is being developed. The reviews will begin again in September 2004. EIS is also intending to work with Ray Foster in the coming year to revise the current protocol to be even more appropriate for the 0-3 population.

The 5 Quality Assurance Specialists are expanding their roles in the area of quality assurance. They participate in the Internal Review process, meet regularly with the staff of programs to which they are assigned, and support their programs in developing and implementing Improvement Plans to meet identified needs. They also collaborate with the DOE in meetings related to Internal Reviews and transition. Monthly statewide meetings are scheduled to ensure continuity and consistency throughout the State. Attending the Program Manager meetings also supports their understanding of issues that impact all early intervention programs.

Healthy Start

In partnership with EIS, Healthy Start modified existing quality assurance/quality improvement activities to fully reflect the EIS approach in conforming with federal IDEA Part C and state requirements to assure that all environmentally at-risk children age 0-3 years and their families are provided, through a family-centered, community-based, coordinated process, the necessary early intervention services to meet their needs. As such, Healthy Start administrative staff engage in on-site monitoring.

- **On-Site Monitoring of Program, Contractual, and IDEA, Part C Requirements**. The Healthy Start administrative team conducts on-site monitoring of the first contract year during the second quarter of the second contract year for all sites. Programs respond to the monitoring report of Findings and Recommendations via a quality improvement plan that specifically addresses the monitoring results. Sites requiring significant improvement are monitored again six to nine months later to ascertain degree of improvement. Monitoring includes:

    - Program & Contractual Requirements: Each agency's policies and procedures are reviewed to evaluate whether they are consistent with program and contractual requirements as well as federal standards (e.g., Occupational Health and Safety Administration standards, American with Disabilities Act, drug-free policies, etc.). A sample of personnel records and security/storage protocol of confidential information are reviewed.

    - IDEA, Part C Requirements: A sample of child charts are evaluated on a variety of indicators as dictated by EIS including: meeting IDEA timelines; inclusion of evaluation reports, complete Individual Family Support Plans (IFSP), consents, transition activities, progress/anecdotal notes in each chart; and confirmation that information on procedural safeguards was provided to each family. IFSPs are reviewed utilizing a checklist developed by the IFSP Workgroup to ensure that they include all required components, including a transition plan if appropriate and completion of transition activities. In addition to the chart review, an "IDEA Requirements Checklist" is completed to determine if programs have policies and procedures consistent with IDEA Part C. Monitoring of IDEA, Part C requirements began in the third quarter 2004.

    Several areas monitored under IDEA, Part C are inherent to the Healthy Start program model and are fully implemented:
    - Comprehensive System of Personnel Development
    - Data Collection
    - Supervision/Monitoring of Program
    - Personnel Standards

    Monitoring, analysis of results, and Findings and Recommendations Report to the POSPs were completed by March 2004.

    Other areas are under development in conjunction with EIS:
    - Procedural Safeguards
    - Resolving Complaints
    - Transitions

    Areas of strength identified through the monitoring process in most programs included:
    - Public awareness activities
    - Adequate program policies and procedures
    - Full implementation of the CDS model
    - Informing families of their rights through the dissemination and

explanation of the "Dear Family" brochure.

Areas that need improvement included:

- Fully meeting developmental screen and IFSP timelines
- Having complete IFSPs
- Appropriate chart documentation
- Service coordination to/with EIS
- Improving service within the natural environment
- Having sufficient and stable (minimal turnover) staff.

Programs are in the process of completing their Improvement Plans based on the results cited in the Maternal and Child Health Branch (MCHB) monitoring reports. Priorities include timely completion of all IFSPs and developmental screens as well as continued full implementation of the Child Development Specialist model in which this specialist has the most interaction with referrals of children with suspected developmental delays and follow-up of early intervention services. After review and approval, each program has set timelines aligned with contract and fiscal year dates to fully implement the strategies and to monitor continuous quality improvement for full compliance, with information forwarded to EIS. MCHB staff is available for technical assistance and is engaged in continuing education efforts to gain more knowledge regarding quality of service/best practice under IDEA, Part C. For example, program staff is participating in a series of conference calls from the National Early Childhood Technical Assistance Center at the University of North Caroline-Chapel Hill funded by Office of Special Education Programs (OSEP).

On-going continuous quality improvement/assurance activities are implemented at three distinct levels.

- **Individual POSP Quality Assurance.** HFA credentialing is required of each Healthy Start POSP. This process includes areas of self-assessment, satisfaction surveys, and self-improvement strategies monitored in a quality improvement plan that is systematically reviewed by HFA. This ensures a level of quality in home visiting services not only across the state, but also on a nationally recognized level. Further, each POSP implements various quality assurance activities at an agency level that includes, but is not limited to, the Healthy Start program.

- **Program Quality Improvement.** Healthy Start has several reporting requirements designed to monitor quality assurance at each site/program. These include quarterly reports, bi-annual quality improvement reports, annual variance reports, and biennium contract evaluation reports. All of these reports provide continuing information on performance objectives. With oversight provided by the Quality Assurance Specialist, each site/program is specifically assigned to the Quality Assurance Specialist, the Registered Professional Nurse, or the Children & Youth Specialist. Typically, those sites/programs furthest from achieving performance objectives are assigned to the Quality Assurance Specialist who works with the site in developing specific quality improvement strategies with the provision of additional technical assistance. Each site/program is required to design, implement, monitor, and report on quality improvement activities to the respective administrative contact.

- **Model Quality Improvement**. Individual site/program information is synthesized and evaluated to identify areas of strength and areas requiring restructuring within the model by the Healthy Start administrative team. This level of policy analysis also includes program directors, the Family and Community Support Section Supervisor, the MCHB Chief, and the Family Health Service Division Chief.

  - Current emphasis: Full utilization of the Child Development Specialist (CDS)

    The role of the CDS is to support optimal child growth and development utilizing a variety of appropriate developmental screening tools and timely intervention strategies with families and Healthy Start staff. As such, this position is integral to the effective delivery of services for children with suspected developmental delays. Once the appropriate developmental screens are administered and reviewed, the CDS is responsible for timely referral of children to EIS for services, including comprehensive evaluation. The responsibility of the CDS include monitoring the child and supporting the family through early intervention services provided by EIS, and guiding the family and Family Support Workers (FSW) on developmentally appropriate activities, via group activities and individual consultations, to enhance early intervention services provided by EIS. The CDS is also available to support the care coordinator.

    Healthy Start requires one CDS per site. Healthy Start has a minimum total of 13 CDS positions statewide. Some agencies choose to support the CDS position beyond the contract requirements, given the numbers served at any one site. This is especially true for Oahu sites. At the end of March 2004, 11 of the 13 positions were filled. Three agencies/sites have more than one CDS. Thus, there were actually 15 CDS positions working within the Healthy Start model. Just one Oahu site had the two vacancies. However, the agency has one CDS position filled that is available to support the entire agency along with technical assistance provided MCHB. In addition, at the direction of MCHB, the agency has implemented a contingency plan to assure that services are provided by other specialists until the position is filled. The agency is responsible for continuing recruitment efforts.

    The Healthy Start Nurse, in conjunction with the Quality Assurance Specialist, has developed and implemented a system for quality control monitoring of children with suspected developmental delays. Numbers will be tracked and trends will be analyzed, including a breakdown by developmental domain, by site, by CDS. This information will be used to establish baseline data, focus on improved outcomes, identify sites needing technical assistance, and recognize additional training needs. Further, after review of individual referrals, the Healthy Start Nurse follows-up with specific sites to assure quality and timeliness of service.

The next phase of program wide model improvement will be to develop a Healthy Start continuous quality improvement plan to be standardized and implemented by all POSPs.

Funding

Early Intervention Section

A total of $7,694,737 in state funds was appropriated for FY 2003 and $8,064,737 was allocated for the year (difference due to additional funds authorized by the Legislature for collective bargaining increases). A total of $8,704,521 was both appropriated and allocated for FY 2004. The majority of the first quarter allocation supports POS and fee-for-service contracts.

Table 11. EIS Allocations and Expenditures/Encumbrances – State Funds

	Allocation	Cumulative Allocation to End of Quarter	Cumulative Expenditures/ Encumbrances at End of Quarter*
Fiscal Year 2003			
1st quarter – July-Sept. 2002	4,388,046	4,388,046	4,454,908
2nd quarter – Oct.-Dec. 2002	982,682	5,370,728	5,485,221
3rd quarter – Jan.-Mar. 2003	1,614,500	6,985,228	7,189,111
4th quarter – Apr.-June 2003	1,079,509	8,064,737	8,199,260**
Fiscal Year 2004			
1st quarter – July-Sept. 2003	5,110,381	5,110,381	5,273,077***
2nd quarter – Oct.-Dec. 2003	1,382,500	6,492,881	6,572,738****
3rd quarter – Jan.-Mar. 2004	1,105,000	7,597,881	8,137,074*****
4th quarter – Apr.-June 2004	1,106,640	8,704,521	

* Source: Financial Accounting and Management Information System (FAMIS) report.
** Information as of 6/30/03, which was updated 7/29/03.
*** Information as of 10/08/03.
**** Information as of 1/20/04
*****Information as of 4/28/04

In addition to state funds, EIS received federal Part C funds of $2,043,288 in FY03 to support the provision of early intervention services. Federal Part C funds increased to $2,127,667 for FY04 and are expected to increase to $2,177,738 in the coming fiscal year.

Table 12. EIS Allocations and Expenditures/Encumbrances – Federal Part C Funds

	Allocation	Cumulative Allocation to End of Quarter	Cumulative Expenditures/ Encumbrances at End of Quarter
Fiscal Year 2003			
1st quarter – July-Sept. 2002	968,112	968,112	957,253
2nd quarter – Oct.-Dec. 2002	417,000	1,385,112	1,292,707
3rd quarter – Jan.-Mar. 2003	417,000	1,802,112	1,598,267
4th quarter – Apr.-June 2003	241,176	2,043,288	2,043,288*
Fiscal Year 2004			
1st quarter – July-Sept. 2003	1,029,505	1,029,505	665,674**
2nd quarter – Oct.-Dec. 2003	384,000	1,413,505	1,023,325***
3rd quarter – Jan.-Mar. 2004	387,500	1,801,005	1,428,830****
4th quarter – Apr.-June 2004	325,662	2,127,667	

* Information as of 10/13/03 from ASO
** Information as of 10/8/03 from FAMIS Report
*** Information as of 1/16/04
****Information as of 4/28/04

Healthy Start

In FY 2003, a total of $21,689,277 in state funds was appropriated and $21,721,338 was allocated for the year (difference due to additional funds authorized by the Legislature for collective bargaining increases).

In FY 2004, a total of $19,217,620 in State and Tobacco funds were appropriated and allocated. The 2003 Legislature reduced State funds $2.5 million due to the decreased need for POSP contract funds. In addition, $5,336,023 of State funds were replaced with Tobacco funds.

Table 13. Healthy Start Allocations and Expenditures/Encumbrances [1]

	Allocation	Cumulative Allocation to End of Quarter	Cumulative Expenditures/ Encumbrances at End of Quarter[1]
Fiscal year 2003 [4]			
1st quarter – Jul.-Sept. .2002	21,456,994	21,456,994	21,288,724
2nd quarter – Oct.-Dec. 2002	88,114	21,545,108	21,380,322
3rd quarter – Jan.-Mar. 2003	88,115	21,633,223	17,676,073 [2]
4th quarter – Apr.-June 2003	88,115	21,721,338	17,235,920 [2]
Fiscal year 2004 [5]			
1st quarter – Jul.-Sept. 2003	18,882,063	18,882,063	14,153,717
2nd quarter – Oct.-Dec. 2003	161,188	19,043,251	15,750,399
3rd quarter – Jan.-Mar. 2004	87,185	19,130,436	19,015,316 [3]
4th quarter – Apr.-June 2004	87,184	19,217,620	

[1] Source: FAMIS report.
[2] POS contracts were adjusted due to lower expenditures.
[3] Information as of 02/29/04.
[4] State funds.

[5] State funds ($13,881,597) + Tobacco funds ($5,336,023).

The DOH recently received $1.3 Medicaid dollars as partial payment for the Early Intervention Carveout reimbursement owed to the Department. These funds will be available to EIS, Healthy Start, and PHN to support their costs to provide early intervention services and support to IDEA Part C eligible children.

Summary

Strengths in the early intervention system from January – March 2004 include:

- ⇨ Training on IDEA Part C regulations and Hawaii's State Plan has been completed for EIS (public and private program staff) and PHN staff statewide. Training for Healthy Start providers is in process. Over 100 Healthy Start staff have participated in at least one day of the required three-day training. Some have completed all three days. All Healthy Start staff will be trained by the end of September 2004.
- ⇨ On-site monitoring has been completed for EIS public and private programs, Healthy Start contracted programs and PHN sections. EIS, MCHB and PHNB are in the process of reviewing results to identify both strengths and needs of the system.
- ⇨ All EIS QA positions are filled and are working closely with their assigned EI programs.
- ⇨ The approval to reallocate four state social workers from Level III to Level IV and to reallocate speech-language pathologists from Level III to Level IV are expected to support recruitment and retention of these positions.
- ⇨ The RFP for the development of three new POS programs to serve infants and toddlers with developmental delays on Oahu was disseminated to the community. The new programs are expected to be operational in July 2004.
- ⇨ The RFP for the provision of comprehensive developmental evaluations was disseminated to the community. With the implementation of this proposal, Hawaii will have a system in place to meet the IDEA Part C requirements of providing a comprehensive developmental evaluation to all children referred due to a concern in their development.
- ⇨ The RFP to expand the fee-for-service providers was disseminated to the community. This expansion is intended to reduce the service gaps that have increased over the past several quarters by increasing the number of fee-for-service providers.
- ⇨ Regular monitoring of early intervention allocations and expenditures to identify funding needs and regular meetings with DOH's Administrative Services Office and the Office of Budget and Finance have resulted in better communication and collaboration and increased funding to serve all children with developmental delays.
- ⇨ The receipt of the Medicaid funds based on the Early Intervention Carveout will support the increased costs of early intervention services.
- ⇨ Dedicated direct service staff at EIS and public and private early intervention programs are working diligently to meet the needs of the expanding number of children identified with developmental delays statewide and their families.

- ⇨ EIS trainers have worked collaboratively with the DOE Special Education Preschool Coordinator to inform all Part C providers on how to have a successful transition from Part C to Part B.
- ⇨ On-going meetings between EIS, Healthy Start, and PHN staff support collaboration and continuity for Hawaii's Part C eligible children.

Challenges to the early intervention system from January – March 2004 include:

- ⇨ The increase in the identification of children with developmental delays has lead to exceptionally high care coordination ratios. However, with the expansion of POS programs, which includes social work/care coordination staff, the ratios should decrease to ensure that the necessary care coordination activities will be provided.